Fourth Quarter 2012

# Kentucky Diabetes Connection

The Communication Tool for Kentucky Diabetes News

**AACE**
American Association of Clinical Endocrinologists
Ohio River Regional Chapter

**ADA**
American Diabetes Association

**DECA**
Diabetes Educators Cincinnati Area

**GLADE**
Greater Louisville Association of Diabetes Educators

**JDRF**
Juvenile Diabetes Research Foundation International

**KADE**
Kentucky Association of Diabetes Educators

**KEC**
Kentuckiana Endocrine Club

**KDN**
Kentucky Diabetes Network, Inc.

**KDPCP**
Kentucky Diabetes Prevention and Control Program

**TRADE**
Tri-State Association of Diabetes Educators

## A Message from Kentucky Diabetes Partners

## KENTUCKY STATEWIDE DIABETES SYMPOSIUM HELD IN RECOGNITION OF WORLD DIABETES DAY


*Over 260 professionals formed a circle to hold up flags and banners in recognition of World Diabetes Day at the Kentucky Statewide Diabetes Symposium held in Louisville on November 16, 2012.*

**Symposium Photos Provided Compliments of O'Neil Arnold Photography**

**Diabetes Symposium article and photos continued on pages 2-3.**



If you would like to be added to the mailing list to receive this magazine, please contact: Kentucky Diabetes Connection, P.O. Box 309, Owensboro, KY 42302-0309 or Phone: 270-686-7747 ext: 3031 or Email: janice.haile@ky.gov

# KY Statewide Diabetes Symposium (Continued)

***Submitted by: Julie Shapero, KY Diabetes Symposium Chairperson, Northern KY District Health Department, DECA, KDN member***

The sixth annual Kentucky Statewide Diabetes Symposium 2012 was held in recognition of *World Diabetes Day* on November 16 at the Ramada Plaza Triple Crown Pavilion in Louisville, Kentucky. This collaborative diabetes program was attended by over 260 health professionals from many different practice areas within Kentucky, Ohio, Indiana, Illinois, and Tennessee.

Participants were asked to "think blue and wear blue" in recognition of World Diabetes Day. Everyone wearing blue was entered into a special door prize drawing where one lucky person won a $100 gift card. The "blue circle" is the universal symbol for diabetes and was created to raise awareness of diabetes and to give diabetes a common identity. The "blue circle" has been used since the United Nations Resolution on Diabetes was completed in 2006 which established *"World Diabetes Day."*

Symposium participants enjoyed a day filled with exceptional speakers (see photos of presenters with topics described). Many individuals and organizations collaborated to make the Symposium a reality. The planning committee included representatives from four Local Networking Groups (LNGs) of the American Association of Diabetes Educators (AADE) as well as state diabetes entities. The LNGs included the Diabetes Educators of the Cincinnati area (DECA), the Greater Louisville Association of Diabetes Educators (GLADE), the Kentucky Association of Diabetes Educators (KADE), and the Tri-State Association of Diabetes Educators (TRADE). State entities included the Kentucky Diabetes Network (KDN) and the Kentucky Diabetes Prevention and Control Program (KDPCP).

New this year was an Industry Allies Council (IAC) which is made up of industry partners who pledged support for this symposium. Platinum level sponsors included Lilly and Santarus, Gold level sponsors included Novo Nordisk and Sanofi Aventis, Silver level sponsors included Roche, and the Bronze level sponsors included Insulet, makers of OmniPod, and Boehringer Ingelheim.

In addition to the Industry Allies Council exhibits, 27 other companies and non-profit organizations participated as exhibitors at the event. Symposium attendees were impressed with the large number and diversity of the exhibits.

Planning for the 2013 Kentucky Statewide Diabetes Symposium has already begun. The symposium committee invites you to join this effort by contacting Julie Shapero at Julie.Shapero@nkyhealth.org.

***"Our State of Diabetes" was presented by William Rowley, MD, left, a vascular surgeon, now with the Institute of Alternative Futures in Alexandria, Virginia.***

***"Pharmacologic Treatment of Diabetes" was presented by Melinda Joyce, Pharm D, right, from the Commonwealth Health Corporation in Bowling Green, KY.***


***KY Diabetes Symposium planning committee members who were able to attend the symposium include, front row left to right: Janice Haile, Wanda Atha, Julie Shapero, Teresia Huddleston, and Julie Muscarella. Back row left to right: Dana Graves, Stacy Koch, Ann Ingle, Nancy Walker, Lisa Arnold, and Kim Jackson***

***Ann Rathbun, PhD, left, from Morehead State University, makes a point during her symposium presentation regarding Health Literacy and Diabetes Education.***

# KY Statewide Diabetes Symposium (Continued)

*The American Association of Diabetes Educators (AADE) National Diabetes Educator of the Year, Ann Constance from Michigan, pictured above, covered "Emerging Roles for Diabetes Educators" at the state diabetes symposium.*


*Betty Bryan, above left, the AADE KY Coordinating Body (CB) Volunteer Leader, and Theresa Renn, above right, the KY Diabetes Prevention and Control Program (KDPCP) Director served as co-moderators for the state diabetes symposium.*

*Kris Paul, APRN, left, with the KY Cancer Program at the University of Louisville, shared important resources regarding lifesaving referrals for smoking cessation at the state symposium.*

*During lunch, an endocrinologist from Louisville, Emily Veeneman, MD, right, presented a talk on DPP-4 Inhibitors.*

*Candy Hart, pictured right, gets intense at the diabetes symposium as she shares information about diabetes and the brain connection.*

*Linda Schweiss, photo at left, has fun eyeing her door prize at the state symposium.*

*Pam Baird, pictured left, shares secrets about dark chocolate and the brain connection at the state diabetes symposium.*

*Symposium participants, noted in photo above, visit the nearly 35 diabetes exhibits that were available to attendees.*

# Kentucky Board of Nursing Approves Taskforce Recommendation

## *No Changes Offered for Insulin Injection Delegation in Schools*

Kentucky Board of Nursing

*Sharon Mercer*
*KY Board of Nursing*

***Submitted by: Sharon Eli Mercer, MSN, RN NEA, BC, Nursing Practice Consultant, Kentucky Board of Nursing***

During the June, 2012 Board meeting, the Kentucky Board of Nursing (KBN) directed that a Taskforce be formed to review and provide any needed recommendations for change to Advisory Opinion Statement #15, *Roles of Nurses in the Supervision and Delegation of Nursing Acts to Unlicensed Personnel.* The Taskforce was to look specifically at the delegation of insulin injections in the school setting.

The Taskforce was composed of four (4) KBN Board members and representatives from the Kentucky School Nurses Association, the Kentucky PTA and a parent. The KBN Board President served as an ex-officio member.

Public comment forums were held around the state in order to receive interested stakeholders' opinions and comments. Stakeholders written comments were also received and were reviewed. In addition to the comments, the Taskforce reviewed materials submitted by the American Diabetes Association, including a program to teach unlicensed personnel how to administer insulin. Information from other state boards of nursing, evidence based practice articles related to insulin injection, Kentucky statutes and administrative regulations were all reviewed and discussed by the Taskforce members. The Taskforce sent their recommendation to the Practice Committee for review at its September 14th meeting. The Practice Committee approved the recommendation and then forwarded the recommendation to the Board for final review and action at its October 11th meeting.

**At this meeting, the KBN Board reviewed and approved the recommendation that KBN Advisory Opinion Statement #15, *"Roles of Nurses in the Supervision and Delegation of Nursing Acts to Unlicensed Personnel"*, remain as currently published.**

# Diabetes Day at the Capitol

## Save This Date!

## FEBRUARY 28, 2013

### Room 149

**Who Should Come?**
**Anyone interested in the prevention or control of diabetes in Kentucky**

**What?**
**Advocacy training and visits with your legislators**

**Where?**
**State Capitol in Frankfort, Kentucky**

**Event Planned By:**
**The Kentucky Diabetes Network (KDN) and partners including the**

- **American Diabetes Association**
- **KY Coordinating Body of the American Association of Diabetes Educators (AADE)**
- **Kentuckiana Juvenile Diabetes Research Foundation**

**For More Information:**
**Maggie Beville**
**502-624-0668 maggie.beville@us.army.mil**
**or**
**Mary Lacy**
**502-297-4767 melacy@cvty.com**

# KEEPING KENTUCKY KIDS SAFE AT SCHOOL

## *ADA PLANS FOR KY*

*Jim McGowan, American Diabetes Association*

***Submitted by: Jim McGowan, Midwest State Advocacy Director, American Diabetes Association***

As part of its current strategic plan through 2015, the American Diabetes Association (ADA) has committed that substantially more children and adults with diabetes will be living free from the burden of discrimination. To this end, we are working to make sure that we put in place the main tenants of our ***Safe at School*** program in states where discrimination is happening. Those tenets include:

- That all school staff members should have basic knowledge of diabetes and know who to contact for help.
- That the school nurse is the coordinator of care, and a small group of school staff members have been trained to perform all diabetes care tasks *(including insulin administration)* when the school nurse is not available during the school day (at before and after school activities, on the bus, and on field trips).
- That students who are able to do so are permitted to provide self-care anywhere, anytime.

In the last issue of the Kentucky Diabetes Connection, diabetes management in Kentucky schools was discussed. The articles mentioned a series of public meetings the Kentucky Board of Nursing (KBN) Taskforce held this fall. The purpose of the meetings centered on possibly amending KBN's Advisory Opinion #15, which discourages the delegation of injectable medications *(such as insulin)* to unlicensed personnel.

The American Diabetes Association (ADA), legal advocates, parents and others testified about the hardships the current opinion is causing to Kentucky school children with diabetes and their families. Together, they presented the ADA's ***Safe at School*** program as a safe, tested and reasonable approach that should be available to Kentucky families. The ***Safe at School*** program is based upon the National Diabetes Education Program's ***Helping the Student with Diabetes Succeed: A Guide for School Personnel***, which is endorsed by numerous medical organizations, including:

- American Academy of Pediatrics
- American Alliance for Health, Physical Education, Recreation and Dance
- American Association of Clinical Endocrinologists
- American Association of Diabetes Educators
- American Diabetes Association
- American Dietetic Association
- American Medical Association
- Barbara Davis Center for Childhood Diabetes
- Centers for Disease Control and Prevention
- Children with Diabetes
- The Endocrine Society
- Indian Health Service, Division of Diabetes Treatment and Prevention
- Joslin Diabetes Center
- Juvenile Diabetes Research Foundation International
- Lawson Wilkins Pediatric Endocrine Society
- National Association of Chronic Disease Directors Diabetes Council National
- Association of Elementary School Principals
- National Association of School Psychologists
- National Association of Secondary School Principals
- National Education Association Health Information Network
- National Institute of Diabetes and Digestive and Kidney Diseases
- Pediatric Endocrine Nursing Society
- U.S. Department of Education

**Unfortunately, despite all of the evidence presented, the KBN Taskforce decided to recommend no change to their current advisory opinion. In practice, what this means is that some kids with diabetes are being moved to another school upon diagnosis, or that some parents have to leave their work to give their child an injection in the middle of the school day.**

**The American Diabetes Association considers the situation in Kentucky to be counter to federal laws which guarantee the rights of students to equal access, including Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, and the Individuals with Disabilities Education Act. Together these federal protections, which prohibit discrimination against people with disabilities by public and most private schools, say that students must be given equal opportunity, and that related aids and services are required to meet the individual needs of a student with a disability.**

**During the 2013 Kentucky legislative session, the American Diabetes Association, in partnership with other diabetes advocates, will be introducing legislation to implement the *Safe at School* tenets. The main barrier being faced in Kentucky is the confusion being caused by the KBN advisory opinion, which is discouraging school nurses from enlisting the help of willing, trained volunteers to administer insulin, in the nurse's absence. Our legislation would enable these volunteers to be trained by the school nurse or, if a school nurse is not available, a qualified medical professional.**

**ADA's Safe at School program**
http://www.diabetes.org/living-with-diabetes/parents-and-kids/diabetes-care-at-school/

**NDEP's Helping the Student with Diabetes Succeed: A Guide for School Personnel** http://ndep.nih.gov/publications/PublicationDetail.aspx?PubId=97&redirect=true#main

*Jim McGowan is the parent of a son with type 1 diabetes and is the ADA Midwest State Advocacy Director,* ***jmcgowan@diabetes.org*** .

# KENTUCKY COORDINATING BODY OF DIABETES EDUCATORS UPDATE

*Vanessa Paddy*

***Submitted by: Vanessa Paddy, MSN, APRN, Secretary of the Kentucky Coordinating Body (CB) of the American Association of Diabetes Educators (AADE)***

## AADE Leadership Conference

KY AADE Coordinating Body members, Betty Bryan and Vanessa Paddy, attended the AADE's *"Power of Partnership"* Leadership Forum held on November 29 and December 1, 2012, in Chicago, IL. This two day program provided strategies on promoting growth, improving communications, and fostering volunteerism within our local networking groups (LNGs). Attendees had the opportunity to share success stories from their organizations during brief *"IGNITE"* presentations. Betty and Vanessa shared their "Leading the Way" presentation to the group. The presentation included information regarding activities of the LNGs across the state as well as how KY is "leading the way" with diabetes licensure.

Vanessa and Betty also had the opportunity to meet with James Specker, AADE Federal and State Advocacy Manager, and Martha Rinker, AADE Chief Advocacy Officer, to address questions regarding the diabetes licensure initiative.

***Vanessa Paddy, KY CB Volunteer Leader Elect, left, and Betty Bryan, current KY CB Volunteer Leader, right, represented KY diabetes educators by attending the AADE leadership forum in Chicago.***

## State Licensure for Diabetes Educators

The Kentucky Coordinating Body (CB) continues to closely monitor current activities related to state licensure for diabetes educators. Members of the CB attended the Kentucky Board of Licensure regularly scheduled meeting held on September 25, 2012. CB Volunteer Leader, Betty Bryan, made a brief presentation to the Licensure Board regarding concerns and questions expressed by members of the local networking groups.

CB members also attended a public hearing held in Frankfort on October 23, 2012, to further address questions and concerns related to diabetes licensure regulations. At this time, the Licensure Board is addressing these questions and will be submitting their response soon.

## Legislative Research Commission (LRC) Email: KY Licensure Upcoming Procedures

**NOTE:** An email was recently written to the Legislative Research Commission (LRC) by Vanessa Paddy to request copies of the Board's response to questions and concerns regarding the proposed licensure regulations. The following is the response of LRC from Donna Little.

- The Kentucky Board of Diabetes Licensure is required to file its *"Statement of Consideration"* by noon on Friday, December 14. That document *(sometimes abbreviated as "SOC")* summarizes all the comments the agency received regarding the administrative regulations and the agency's responses to those comments. If the agency wants to amend any of the administrative regulations as a result of those comments, it will also file an *"Amended After Comments"* version of the administrative regulation *(also due by noon on Friday, December 14).*

- If those documents are filed by noon on Friday, the administrative regulations will be scheduled for review by the Administrative Regulation Review Subcommittee at its January meeting. Typically the subcommittee meets on the second Tuesday of the month but because of the start of the 2013 Regular Session that same day, I anticipate the January meeting day being moved to a different day. Following that review, the Legislative Research Commission will refer the administrative regulations to a second committee that has jurisdiction over that subject area.

- You can get a copy of the "SOC" directly from the agency. Under KRS 13A.280(7), the promulgating agency *(i.e., the Board of Diabetes Licensure)* is required to make available to those who request it both the SOC and, if applicable, the amended after comments version of the administrative regulation.

- Additionally, you can get an electronic copy from our office after it is filed with us. The amended after comments version *(but not the actual SOC)* will be published in the January Register *(our monthly publication)* and on our Website when it is updated. We update the Website the last week of the month to include the administrative regulations filed by that month's filing deadline.

- If there are concerns not addressed by the Board in its responses, you can contact our members and you can also appear before the Subcommittee at its meeting. The meetings are open to the public.

- Here is a link that might be helpful -- http://www.lrc.ky.gov/KAR/frntpage.htm. This is the homepage for the Kentucky Administrative Regulations and includes a link to the monthly Register, our membership list, and the administrative regulations online. **For additional questions, contact: Donna Little, (502) 564-8100 ext 339, donna.little@lrc.ky.gov**

***The KY AADE Coordinating Body (CB) met face-to-face the day before the state symposium on November 15th in Louisville, KY. CB members who were able to attend, pictured above, left to right include: Julie Shapero (DECA), Janice Haile (TRADE), Teresia Huddleston (TRADE), Betty Bryan KY CB Volunteer Leader (GLADE), Vanessa Paddy (GLADE), Ronda Merryman-Valiyi (GLADE), Melissa Kleber (GLADE), and not pictured Ava Eaves (KADE).***

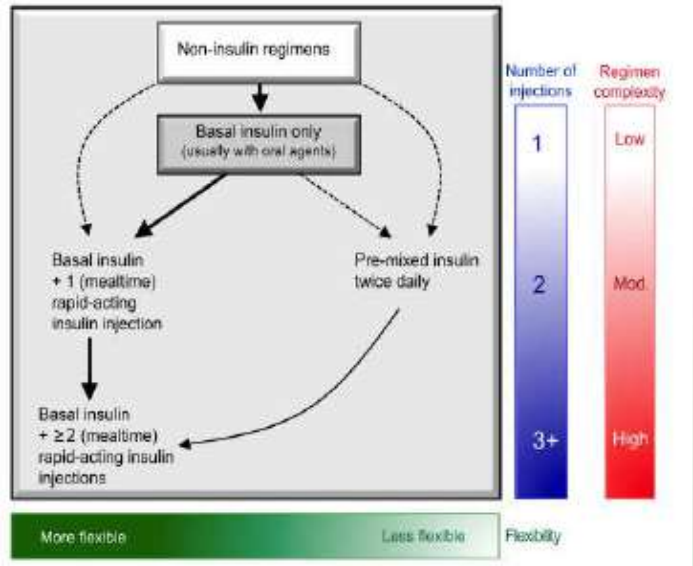
# Diabetes Medication Update: Insulin Strategies in Type 2 Diabetes

***Brooke Hudspeth PharmD, CDE***

***Cheyenne Baber Pharmacy Student***

In previous installments of this column, implementation strategies for anti-hyperglycemic therapy were discussed. This article will focus on the role of insulin therapy for patients with Type 2 diabetes as analyzed by the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD). As Type 2 diabetes progresses, patients will typically have a further loss in B-cell function and will require insulin therapy *(either alone or in combination with oral medications)* in order to adequately maintain glucose control.

Many patients are reluctant to initiate injectable drug therapy due to the 'stigma' of failed treatments in the past, but with encouragement and diabetes education, practitioners can help patients overcome their fear and gain control of their disease. A summary of the transitions to and titrations of insulin therapy is illustrated in the figure below:




The patient will typically first receive basal insulin alone, unless he/she is markedly hyperglycemic and/or symptomatic. Insulin therapy is usually begun at low doses (0.1-0.2 units/kg/day) but larger amounts (0.3-0.4 units/kg/day) are initiated in those with severe hyperglycemia. Metformin is typically continued when basal insulin is initiated. Addition of prandial insulin should be considered when postprandial glucose levels exceed 180 mg/dL *(usually seen when the fasting glucose is at target, but the $A_1C$ does not achieve goal after 3-6 months of basal insulin)*. Basal insulin is generally titrated according to fasting glucose levels, and when the basal dose exceeds 0.5 units/kg/day, especially as it approaches 1 unit/kg/day, prandial insulin is implemented. Generally, secretagogues should be avoided once prandial insulin is added.

Basal-bolus insulin regimens, in which pre-meal rapid-acting insulin is given before the meal with the largest carbohydrate content, are the most precise and flexible regimens. If necessary, a second injection may be added to the second largest meal of the day and a third injection for the smallest. Patient treatment is most individualized at this time of therapy, therefore, making data trends of glucose levels before meals and at fasting state vital in achieving target $A_1C$.

A more convenient insulin option is premixed insulin, which consists of fixed amounts of intermediate insulin with regular/rapid insulin. Premixed insulin is normally administered twice daily before morning and evening meals. Although this form has shown to lower $A_1C$ more dramatically, there have been more incidences of hypoglycemia and weight gain. Additionally, there is no titration option in adjusting the regular/rapid acting insulin, so patients need to eat consistently when taking premixed insulin.

As with other diabetes therapies, the patient should be properly educated regarding self-monitoring of blood glucose, the importance of diet and exercise and how to avoid and respond to hypoglycemic episodes. Insulin therapy is a life-changing event for some patients so it remains important to encourage them and help them overcome any fears regarding the therapy they may have.

### Key Points for Insulin Therapy

- Typical beginning basal dose is 0.1-0.2 units/kg/day
- Beginning basal dose for severe hyperglycemia is 0.3-0.4 units/kg/day
- Increase dose by 1-2 units *(or 5-10% in those already on higher doses)* to the daily dose once or twice weekly if the fasting glucose levels are above the patient's targeted range
- As reaching the target becomes nearer, adjust dose more modestly and less frequently
- If a hypoglycemic event occurs, decrease the dose
- If postprandial glucose readings become >180mg/dL consider adding prandial insulin
- Add prandial insulin first to the meal with the largest carbohydrate content
- Add prandial insulin to subsequent meals (*largest carb content to smallest)* as needed
- Consider premixed insulin if the patient eats regularly and is in need of a more simple regimen than basal/bolus dosing
- Individualization of therapy is key!

***ABOUT THE AUTHORS: Brooke Hudspeth specializes in Diabetes Care with Kroger Pharmacy in Lexington. Cheyenne Baber is a 4th year pharmacy student at the University of Kentucky. DIABETES MEDICATION UPDATE is edited by Sarah Lawrence, PharmD, MA (Lawrence Pharmacy Services).***

# DO YOUR PATIENTS NEED HELP GETTING MEDICINES
## *KY PRESCRIPTION ASSISTANCE PROGRAM OFFERED*

***Submitted by: Melinda Stephens, KY Prescription Assistance Program (KPAP)***

The economic turmoil has been tough on Kentuckians as well as those that serve them. Kentuckians have a difficult time locating scarce resources for prescription medications and being able to afford them once they are located.

There is a program in place for non-profit organizations to be able to assist the citizens of their communities with prescriptions, the *"Kentucky Prescription Assistance Program (KPAP)"*.

**Did you know that nearly 1 million Kentuckians are eligible for free/reduced cost manufacturer programs?**

**KPAP** was created to develop a network of community partners who will navigate patients in accessing these pharmaceutical programs. In only 3 years, **KPAP** has obtained just over $200 million in free medications for patients and you can help grow this assistance effort.

Currently, KPAP has over 200+ partners that cover the entire state to assist patients in completing all the PAP paperwork. However, as the need for assistance increases, so does the need for more sites to provide assistance. Prescription Assistance Programs (PAPs) are ideal for Kentucky's small business environment due to the fact that manufacturers developed the programs to assist the average American, not just the poor.

**Do Your Patients Need Help Getting Their Medicines?**


**MAYBE WE CAN HELP!**

For more information about The Kentucky Prescription Assistance Program (KPAP)

**Call toll free**
**KY Health Care Access Line**
**1-800-633-8100**

or visit our website at:

http://chfs.ky.gov/dph/info/dpqi/kpap.htm

**IT'S FREE TO APPLY!**

Kentucky

While it depends on the manufacturer, most generally to be eligible an individual:

- Is allowed to have insurance but cannot have prescription coverage and
- Must be between 200-400% of the poverty level *(for a family of 4, that's $46,100 - $92,200)*.

As most small businesses carry only catastrophic coverage for their employees, PAPs can be of great assistance in medication compliance in a state with some of the highest chronic disease rates in the nation.

**For more information on the Kentucky Prescription Assistance Program, please contact:**

**Melinda Stephens**
**KPAP Program Manager**
**melindac.stephens@ky.gov**
**(502) 564-8966 x 4007**

# NEW KY LEGISLATION ASSURES MEDICATION RECEIVED
## *IS WHAT THE DOCTOR ORDERED*

***Submitted by: Gabrielle King, State Alliance Manager Consultant, Cullari Communications Group, gking@cullarigroup.com***

KY Senate Bill 114 became law this past summer, establishing a requirement for some commercial insurers and pharmacy benefit managers to provide providers with a clear and convenient process to request an override of medication restrictions such as *"step- therapy"* and *"fail-first policies"*.

In the past, *"step therapy"* and *"fail-first policies"* have required that patients first take an insurer-approved, less expensive medication for their given condition and fail to improve in that course of treatment before the insurer would cover a more expensive, non-approved medication. This protocol was required for insurance coverage even when the patient's prescriber specifically recommended one drug over another.

Under the new law, insurers must provide healthcare providers a *"clear and convenient process"* to request an override of medication restrictions such as *"step-therapy"* and *"fail-first"* policies. The law also requires insurers to grant an override of the restriction within 48 hours for all requests that meet the criteria outlined in the law.

For an override request to be granted, prescribers must demonstrate that the treatment recommended by the insurer is not clinically appropriate for the patient given his medical history and diagnosis. If the prescriber establishes this, the insurer must grant an override of that protocol and approve access to the prescriber-recommended treatment.

Even in cases where an override request is not granted, the law prohibits insurers from imposing a *"fail-first"* or *"step-therapy"* protocol on patients for more than 30 days.

The insurers that must follow these new requirements include individual, small and large group employer plans. The requirements do not apply to KY Medicaid, KY State Children's Health Insurance Plans (SCHIP), Medicare Part D or self-funded plans, which are governed by the federal law ERISA.

# 2012 KY Data Report Now Available

## New Diabetes Interactive Atlas Released

*Dr. Sarojini Kanotra*
*KY Epidemiologist*

***Submitted by: Sarojini Kanotra, PhD, MPH, CHES, Epidemiologist, Frankfort, KY***

### Kentucky Area Development District (ADD) Profiles Available

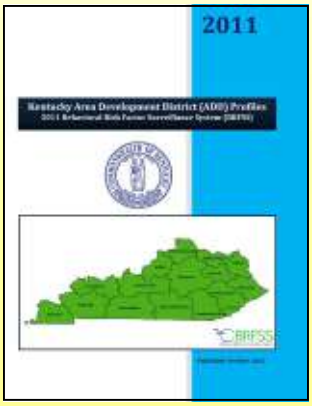
A new KY data document, ***Kentucky Area Development District (ADD) Profiles*** was recently released in October. This new document sorts Kentucky's Behavioral Risk Factor Surveillance System (BRFSS) data into area development districts and may be used by hospitals, health departments, and other medical entities to identify emerging health problems, establish and track health objectives, and develop and evaluate public health policies and programs. It can also be used to support health-related legislative efforts.

CDC publishes the BRFSS data collected by Kentucky on their CDC website http://www.cdc.gov/brfss/index.htm. However, this website does not include the data sorted at the regional / district level. Thus, the area development district (ADD) data for Kentucky can now conveniently be obtained within this new document. The 2011 CDC BRFSS data is also available on the following website: http://www.cdc.gov/brfss/technical_infodata/surveydata.htm.

The Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Currently, data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam.

The BRFSS program in Kentucky hopes that this report will be useful in assisting KY districts identify health needs within their region.

***NOTE: CDC implemented two changes in BRFSS data in 2012 including changes in their weighting methodology and inclusion of cell phone data along with the landline data. For this reason, it is recommended that the 2011 data be used as baseline data for monitoring trends and should not be compared with 2010 data. Following is a link to the CDC website for frequently asked questions about the changes in methodology:*** http://www.cdc.gov/surveillancepractice/reports/brfss/brfss_faqs.html




### CDC Data Shows Diabetes Grows at Dramatic Rates in KY

***Eighteen states, including KY, saw 100 percent or more increase in diagnosed diabetes between 1995 and 2010***

The prevalence of diagnosed diabetes increased in all U.S. states, the District of Columbia, and Puerto Rico between 1995 and 2010, according to a study from the Centers for Disease Control and Prevention (CDC). During that time, the prevalence of diagnosed diabetes increased by 50 percent or more in 42 states, and by 100 percent or more in 18 states.

The report, appearing in CDC's Morbidity and Mortality Weekly Report, found that states with the largest increases were Oklahoma *(226 percent)*, Kentucky *(158 percent)*, Georgia *(145 percent)*, Alabama *(140 percent)*, and Washington *(135 percent)*.


To help combat diabetes and obesity, CDC is leading the National Diabetes Prevention Program, a public-private partnership that brings evidence-based programs for preventing type 2 diabetes to communities.

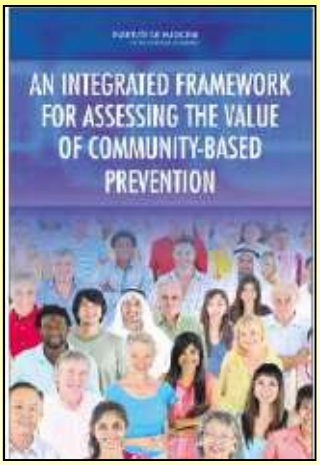
In addition, the National Diabetes Education Program (NDEP) www.YourDiabetesInfo.org – a partnership of CDC and NIH – provides resources to improve the treatment and outcomes of people with diabetes, promote early diagnosis, and prevent or delay the onset of type 2 diabetes.

### Diabetes Interactive Atlas Released

CDC recently released a new online tool, ***Diabetes Interactive Atlases*** (http://www.cdc.gov/diabetes/atlas), which provide data for diagnosed diabetes, obesity and leisure-time physical inactivity at the national, state and county levels.

**Check the Atlas Out!**

# Health Care Resources Now Available




In November, the Institute of Medicine released its long awaited report, ***An Integrated Framework for Assessing the Value of Community-Based Prevention*** http://www.iom.edu/Reports/2012/An-Integrated-Framework-for-Assessing-the-Value-of-Community-Based-Prevention.aspx.

This report proposes a framework to assess the value of community-based, non-clinical prevention policies and wellness strategies. The framework represents a valuable step toward realizing the elusive goal of appropriately and comprehensively valuing community-based prevention.

Over the last century, the major causes of disease and death among Americans have changed, shifting from predominantly communicable diseases spread by germs to chronic ailments. This shift has been accompanied by a deeper understanding about what keeps people healthy or leaves them vulnerable to becoming ill. To get at the heart of the challenges to living a healthy life, we must increasingly emphasize factors that affect today's causes of morbidity and mortality.

Despite their importance to preventing illness, determining the value of community-based interventions has proven difficult. Preventing illness requires immediate investments with benefits that might not be realized for many years.

## Check Out the Full Report at:

**http://www.iom.edu/~/media/Files/Report%20Files/2012/Community-Based-Prevention/comm-based-prevention-rb.pdf**

***Submitted by: Noreen M. Clark, PhD, Center for Managing Chronic Disease, University of Michigan***

The Alliance to Reduce Disparities in Diabetes recently released, *"Policy Considerations That Make the Link,"* a document that connects the on-the-ground experience of five Alliance grantees with issues facing national decision makers as they consider ways to get more value, quality, efficiency, and innovation into the health care system.

***Download: http://ardd.sph.umich.edu/document***

This release is particularly timely given that leaders in Washington will be thinking about whether and how to move forward with health reform. The policy considerations document addresses directly the structural barriers Alliance grantees encountered in both the health care delivery and financing systems.

### STRUCTURAL BARRIERS INCLUDE:

- The health care system's focus on payments based on units of care, on specialty care and high-cost, high-tech interventions;
- Technologies, costs and policies that can obstruct timely, comprehensive and robust exchange of patient information;
- A lack of designated, adequate and consistent payment for community health workers that can provide people with diabetes needed links to community resources and education; and
- Inadequate integration between health care systems and public health departments that limit care coordination and optimal use of resources in assisting diabetes patients.

### THE CONSIDERATIONS SUGGEST THE NEED TO REALIGN FINANCIAL INCENTIVES AS A MECHANISM FOR REDUCING DISPARITIES IN DIABETES AND FOCUS ON:

- **Health System Needs:** Greater integration of public health and health care systems; availability of and access to community-wide health data; and, eliminating incentives that encourage under-investment in low-income, high-risk patients.
- **Provider Needs:** Optimizing Accountable Care Organizations' abilities to reduce disparities and supporting the deployment of Community Health Workers.
- **Patient Needs:** Enhancing diabetes self-management ports.

# Stephanie Mayfield Appointed Commissioner of the Department for Public Health

***Printed in part from a Kentucky Cabinet for Health and Family Services press release dated 9-26-12***

***Stephanie Mayfield, MD, FCAP, above, Commissioner Kentucky Department for Public Health***

Cabinet for Health and Family Services (CHFS) Secretary Audrey Tayse Haynes announced in late September that Dr. Stephanie Mayfield has been named Commissioner of the Kentucky Department for Public Health (DPH). Her appointment was effective October 1, 2012. Prior to this appointment, Dr. Mayfield served as director of Kentucky's public health laboratory *(since April 2005).*

*"With 59 local health departments serving all 120 counties and an enacted budget in FY13 of over $396 million, the Kentucky Department for Public Health is the largest healthcare provider network in the Commonwealth. I am thrilled that Dr. Mayfield has accepted the challenge of serving as the state's top doc,"* said Secretary Haynes. Under her leadership over the last seven years, our state lab has received national and international attention for its enhancements in disease testing and screening and its work to advance the IT sharing capabilities of important health data. I am confident she will bring that same level of dedication and innovation to this appointment.

In May 2011, Dr. Mayfield and the state lab team introduced a rapid TB test to the public health lab test menu, which reduced turnaround time for TB detection and drug resistance from four weeks to six hours. Dr. Mayfield also expanded the state's newborn screening test panel from four to 50 tests, which led to the discovery that Kentucky has the world's highest rate for a specific fatty acid oxidation disorder.

These findings were presented at the International Society of Neonatal Screening in Japan in 2006. Dr. Mayfield's analytical evaluation of Troponin also resulted in FDA clearance of the drug, which is now the standard in the evaluation of patients who have suffered a suspected heart attack.

In August 2011, Kentucky was the recipient of the national Public Health and Medicaid Award for Collaboration in Health IT. Under the leadership of Dr. Mayfield, the state laboratory contributed to this prestigious award when live and structured laboratory data was electronically exchanged with statewide providers enabling meaningful use.

Dr. Mayfield's contributions in information technology were recognized by the College of American Pathologists in the April 2011 issue of CAP Today. The Association of Public Health Laboratories (APHL) acknowledged the contributions of Dr. Mayfield and the state lab staff in the 2010 APHL Annual Report, highlighting the successful building of Health Level 7 message format, translating messages to the Public Health Laboratory Interoperability Project (PHLIP), configuring in-house messaging systems for encryption of data and securely connecting to the CDC for reporting of critical disease data.

In addition to overseeing the state lab, Dr. Mayfield has also served as a lecturer on rotation at the University of Kentucky School of Medicine's Preventive and Occupational Medicine Residencies and the University of Louisville School of Medicine's Department of Pathology. Before joining Kentucky state government, she served as staff pathologist and blood bank director for the Veterans Administration Medical Center in Louisville and is currently an associate professor at the University of Louisville School of Medicine.

Kentucky Public Health
Prevent. Promote. Protect.

# Diabetes Resources

## Free Ketones Hand-out
### *Now Available*

**Ketones is a topic that many of our patients with diabetes find hard to understand.**

**This new "free" one page handout describes:**

- **what ketones are**
- **the warning signs of ketones**
- **when and how to treat ketones**
- **the importance of acting quickly if ketones occur**

**Visit www.learningaboutdiabetes.org to download or review the new handout *(English and Spanish versions available)*.**


## New Educational Material Available on Diabetes and Pregnancy

**The National Center on Birth Defects and Developmental Disabilities recently released new educational material for diabetes and pregnancy called, *"Pre-Existing Diabetes and Pregnancy: Potential Effects of Uncontrolled Diabetes Before and During Pregnancy".***

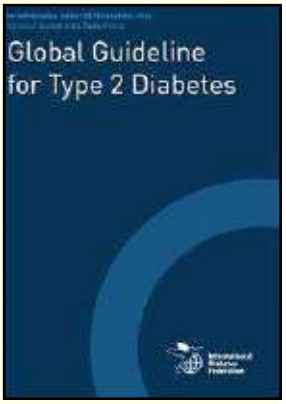
**The pdf can be found on http://www.cdc.gov/NCBDDD/pregnancy_gateway/diabetes-types.html and is available for downloading and printing.**


## New "*Global Guideline for Type 2 Diabetes*" Available

**The International Diabetes Federation (IDF) and the Clinical Guidelines Task Force are pleased to announce the launch of the second edition of the Global Guideline for Type 2 Diabetes.**

**The only global guideline of its kind, this edition features new and revised information on:**

- **Type 2 management in older people**
- **Algorithms for people with type 2 diabetes**
- **Glucose control therapy and lifestyle management**




**The guideline's goal is to ensure that optimal type 2 diabetes management reaches people who need it most, particularly those in resource poor settings.**

**Download the guideline from: www.idf.org/global-guideline-type-2-diabetes-2012**

# NOVEMBER — NATIONAL DIABETES MONTH

## *A BUSY TIME FOR KENTUCKY COMMUNITIES*

**Elaine Hacker, Diabetes Educator with the Cumberland Valley District Health Department, rolled up her sleeves and got busy during October and November, National Diabetes Month. She helped plan and conduct a diabetes symposium in her area for over 200 health professionals, met with county judges to have diabetes proclamations signed, met with state senators to increase their awareness of the diabetes burden, sent out diabetes press releases noting the high rates of diabetes in her area and even organized walks and other fund raisers to increase diabetes awareness, physical activity and diabetes support efforts in her community.**

**See photos below with descriptions of some of the activities that occurred in the Cumberland Valley District.**

*With hopes of combating diabetes in Harlan County, Judge-Executive Joe Grieshop, above, signed a proclamation in November, declaring a Diabetes Awareness Day in Harlan County. Also pictured above, Elaine Hacker, far left, Cumberland Valley Diabetes Educator and Ken Howard, far right, Health Educator.*

*Clay County Diabetes Awareness Boosters presented a check for $2170 to the American Diabetes Association. Pictured in front row left to right: Vickie Jones, teacher aide, Carter Bowling, student, Caberial Frost, student, John Sibert, student. Back row left to right: Joyce Oler, teacher, Joyce Bowling, teacher, Fonda Harris, school nurse, Lisa Edwards, American Diabetes Association representative, Dwight Harris, principal, Ann Sibert, teacher and Elaine Hacker, diabetes educator.*


*Harlan County Diabetes Coalition Provide Diabetes Awareness Banners in recognition of World Diabetes Day.*

*223 health professionals, pictured on left, attended the Corbin Diabetes Symposium held on October 12. The CE was sponsored by the Southern Kentucky Area Development District and partners.*


*Clay County Diabetes Walk participants above. State Senator Robert Stivers, far right, came out to walk and support diabetes efforts.*

# Presidential Proclamation Released During National Diabetes Month 2012

**BY THE PRESIDENT OF THE UNITED STATES OF AMERICA**

**Diabetes is a chronic, life-threatening illness that touches Americans of every age, ethnicity, and background. Its complications can be far-reaching: diabetes is the leading cause of kidney failure and new cases of blindness, and people living with the disease are at higher risk of high blood pressure, heart disease, and stroke. Our efforts to promote greater awareness and pioneering research continue to drive our work toward lessening its impact on our country. This month, we rededicate ourselves to that vital task and commend the dedicated professionals who are leading the charge against diabetes.**

**Today, over 20 million Americans suffer from diabetes, and public health officials estimate that more than 1 million new cases will be diagnosed this year. Of those, some will be Type 1 diabetes, which often develops during childhood. While the risk factors for Type 1 diabetes are not fully understood, insulin injections, regular exercise, and a healthy diet can help manage the disease. In adults, the majority of new cases will be Type 2 diabetes -- an illness associated with obesity, physical inactivity, family history of diabetes, and older age. Some racial and ethnic groups are at higher risk of developing Type 2 diabetes. This form of the disease has also become more prevalent among youth. While Type 2 diabetes can be treated through diet and medication, research shows that it can also be prevented or delayed with changes in lifestyle. I encourage all Americans to learn more about diabetes at www.NDEP.NIH.gov, and to talk to their health care provider about what they can do to reduce their risk of developing this serious disease.**

**As long as diabetes continues to burden our communities, we must press on toward tomorrow's promising breakthroughs in prevention, treatment, and care. My Administration is proud to help advance this cause through the National Diabetes Prevention Program, which was included in the Affordable Care Act. This program joins private and public partners together in encouraging lifestyle changes that can prevent or delay the onset of Type 2 diabetes among those who are at high risk. The Affordable Care Act also ensures that, in many health plans, Americans at higher risk for developing diabetes can receive diabetes screening with no out-of-pocket costs. We have worked to equip Americans with the facts about diabetes through the National Diabetes Education Program, which promotes early diagnosis and effective diabetes management. To address the rise in childhood obesity that puts our young people at greater risk of developing diabetes, heart disease, and cancer during adulthood, First Lady Michelle Obama's Let's Move! initiative has focused on giving children and parents the tools they need to make healthy choices and put their kids on the path to a bright future.**

**With dedication, persistence, and ingenuity, we can put an end to the diabetes epidemic. In memory of those we have lost, and in solidarity with all who have felt the impact of this disease, let us keep fighting to secure better outcomes for Americans living with diabetes, fuller understanding of how we can prevent new cases, and greater wellness for every man, woman, and child.**

**NOW, THEREFORE, I, BARACK OBAMA, President of the United States of America, by virtue of the authority vested in me by the Constitution and the laws of the United States, do hereby proclaim November 2012 as National Diabetes Month. I call upon all Americans, school systems, government agencies, nonprofit organizations, health care providers, research institutions, and other interested groups to join in activities that raise diabetes awareness and help prevent, treat, and manage the disease.**

**IN WITNESS WHEREOF, I have hereunto set my hand this first day of November, in the year of our Lord two thousand twelve, and of the Independence of the United States of America the two hundred and thirty-seventh.**

**BARACK OBAMA**

# One & Only Campaign

**The *One & Only Campaign* is a public health campaign, led by the Centers for Disease Control and Prevention (CDC) and the Safe Injection Practices Coalition (SIPC), to raise awareness among patients and healthcare providers about safe injection practices. The campaign aims to eradicate outbreaks resulting from unsafe injection practices.**

**The Safe Injection Practices Coalition created an insulin pen poster and brochure for healthcare providers as a reminder that insulin pens and other injectable medications are meant for one person and should never be shared.**

**PDFs of these educational materials are available at:**
**http://www.oneandonlycampaign.org/content/insulin-pen-safety**

# Consensus Report on Diabetes in Older Adults Released

***Printed in part from an American Diabetes Association press release October, 2012***

Adults age 65 and older are more likely to have diabetes than any other age group, but researchers and clinicians have the least amount of data regarding how best to treat this population, a consensus report published jointly by the American Diabetes Association and American Geriatrics Society concludes. The report, written by a Consensus Panel of diabetes experts from multiple disciplines, has been published in Diabetes Care and in the Journal of the American Geriatrics Society. The report outlines what diabetes experts know about older adults with diabetes, how the disease affects them differently than younger adults, what can be done to prevent or treat it and how best to fill the critical gaps in evidence to better address their needs.

"With our nation's aging population, it becomes increasingly important for us to understand how diabetes is impacting older adults," said Geralyn Spollett, MSN, ANP-CS, CDE, President, Health Care & Education, American Diabetes Association. "We know a great deal about how to help middle-aged adults prevent and manage diabetes, but little about those in their later years, who are far more likely to be diagnosed and to suffer from the serious and life-threatening complications associated with this disease."

In February, 2012, the American Diabetes Association convened a Consensus Development Conference on Diabetes and Older Adults (defined as those aged 65 years or older) to hear from researchers and other experts on what is known, and not known, about this population. The consensus report highlights what was learned in the following areas: the epidemiology and pathogenesis of diabetes in older adults; evidence for preventing and treating diabetes and its most common co-morbidities in older adults; current guidelines for treating older adults with diabetes; issues that need to be considered in individualizing treatment recommendations; consensus recommendations for treating older adults with or at risk for diabetes; and how gaps in the evidence can be filled.

"One important issue is that older people are a very heterogeneous population, which means that recommendations cannot simply be based on age. One 75-year-old may have newly diagnosed diabetes but otherwise be quite healthy and lead a very active life, while another may have multiple diseases, dementia and longstanding diabetes with complications. It's critical to consider overall physical and cognitive function, quality of life and patient preferences when developing a treatment plan with an older patient," said Jeffrey B. Halter, MD, a member of the consensus panel, director of the Geriatrics Center at the University of Michigan, and past president of the American Geriatrics Society.

As people get older, insulin resistance increases and pancreatic islet cell function decreases, placing them at greater risk for the development of type 2 diabetes. The epidemic of type 2 in the United States, while clearly associated with the increase in overweight and obesity, is also greatly exacerbated by the aging of the population. In fact, the Centers for Disease Control and Prevention estimates that, even if diabetes incidence leveled off, prevalence rates would still double over the next 20 years as our population ages.

More than 25 percent of adults age 65 or older have diabetes, and roughly half have prediabetes. Older adults with diabetes also have the highest rate of diabetes-related lower limb amputations, heart attacks, vision problems and kidney failure of any other age group, with rates higher even still for those over the age of 75. Yet, the report noted, this group has not been included in most diabetes treatment trials, particularly those with co-morbidities or cognitive impairment.

The panel, when developing consensus recommendations for clinical care, used a framework of considering older adults with diabetes in one of three groups: those in relatively good health; those with complex medical histories that might make self-care difficult; and those with significant co-morbid illness and functional impairment, with different screening and treatment recommendations for each group. It also recommended further research be done that takes into account the complexity of issues facing older adults and that studies include patients with multiple co-morbidities, dependent living situations and geriatric syndromes to get the most complete picture of the needs and challenges of frail or complex patients.

The American Diabetes Association Consensus Development Conference was supported by a planning grant from the Association of Specialty Professors (through a grant from the John A. Hartford Foundation), by Educational Grants from Lilly USA, LLC and Novo Nordisk Inc., and sponsorships from the Medco Foundation and Sanofi.

# HAVE YOU HEARD?

## Airport Security X-Rays May Damage Diabetes Devices

***Printed in part from a HealthDay News press release November 2012***

Full body X-ray scanners and luggage X-rays may damage some insulin pumps and continuous glucose monitors. Large numbers of travelers who have diabetes may expose these diabetes care devices to X-rays while going through airport security "and some may unknowingly experience malfunctioning as a result," wrote the authors of a recent editorial in the journal *Diabetes Technology & Therapeutics*.

They recommend carrying a letter that details all of the medical supplies someone with diabetes needs to carry on board with them. They also recommend that if someone wears an insulin pump or continuous glucose monitors, the letter specifically state that these devices shouldn't be subjected to X-rays, either from a full body scanner or the X-ray machine that scans carry-on luggage. Instead, these devices should be hand-checked, according to editorial co-authors Andrew Cornish and Dr. H. Peter Chase, from the University of Colorado in Denver.

## Maternally Inherited Diabetes and Deafness (MIDD)

Maternally inherited diabetes and deafness (MIDD) is a form of diabetes that is often accompanied by hearing loss, especially of high tones. MIDD affects about 1% of people with diabetes and is most common in the Japanese population.

The diabetes in MIDD is characterized by high blood sugar levels (hyperglycemia) resulting from a shortage of the hormone insulin, which regulates the amount of sugar in the blood. In MIDD, the diabetes and hearing loss usually develop in mid-adulthood, although the age that they occur varies from childhood to late adulthood. Typically, hearing loss occurs before diabetes.

Some people with MIDD develop an eye disorder called macular retinal dystrophy, which is characterized by colored patches in the light-sensitive tissue that lines the back of the eye (the retina). This disorder does not usually cause vision problems in people with MIDD. Individuals with MIDD also may experience muscle cramps or weakness, particularly during exercise; heart problems; kidney disease; and constipation. Individuals with MIDD are often shorter than their peers.

***Printed in part from a U.S. National Library Reference Page released December, 2012 http://ghr.nlm.nih.gov/***

## American Diabetes Association's Federal Priorities for 2013

**Federal Funding for Diabetes Research and Prevention Programs:** Increase funding for the National Institutes of Health's National Institute of Diabetes and Digestive and Kidney Diseases and the Centers for Disease Control and Prevention's Division of Diabetes Translation; reauthorization of the Special Diabetes Program; funding for the National Diabetes Prevention Program and increasing overall federal funding for diabetes research and prevention.

**Health Insurance:** Ensure the Affordable Care Act, Medicare and Medicaid are implemented in ways best meeting the needs of people with diabetes and prediabetes.

**Prevention:** Focus type 2 diabetes prevention efforts on individuals with prediabetes, as well as the general public; expand efforts to reduce obesity and improve nutrition and physical activity.

**Health Disparities:** Support proposals specifically focused on reducing the disparate impact of diabetes on minority communities.

**Research and Surveillance:** Stem Cell Research and Gestational Diabetes Act.

**Discrimination Issues**

**Bills Related to Complications and Comorbidities of Diabetes**

**National Diabetes Clinical Care Act Health Insurance:** Diabetes Cost Reduction Acts, Implementation of the Affordable Care Act and Medicaid.

## American Diabetes Association's State Priorities for 2013

**Discrimination Issues:** Safe at School campaign to ensure students with diabetes are medically safe and have access to the same educational opportunities as their peers; oppose laws and policies with blanket treatment of people with diabetes, including private driver's licenses.

**Prevention:** Focus type 2 prevention efforts on individuals with prediabetes, as well as the general public; expand efforts to reduce obesity, and improve nutrition and physical activity.

**Research and Surveillance:** Diabetes Prevention and Control Programs, stem cell research, and innovative research and surveillance opportunities.

**Diabetes Action Plans:** Support bills requiring state agencies involved with diabetes to review and prioritize their efforts and develop action plans.

**Bills Related to Complication of diabetes Reduce Sugar-Sweetened Beverage Consumption**

# Tai Chi for Diabetes Instructor Training

***Submitted by: William W. Wojasinski, Director, Kentucky Tai Chi and Qigong Center LLC and President of the Fayette County Diabetes Coalition***

The Kentucky Tai Chi and Qigong Center will host a Tai Chi for Diabetes Instructor Training workshop February 15-16, 2013. Tai Chi for Diabetes is a form of Tai Chi, specially designed by Dr. Paul Lam in conjunction with his Tai Chi associates and a team of medical experts. Based on Sun and Yang style Tai Chi, it is easy to learn, effective and safe. Designed to prevent and improve the control of diabetes, the program will help to reduce stress, improve flexibility and muscle strength, increase heart/lung activity, align posture, improve balance and integrate the mind and body.

During the two-day workshop, participants will gain background knowledge of Tai Chi and diabetes, learn the program and how to teach it. Participants will also have the opportunity for group interaction as well as personal guidance from a certified Master Trainer in the Tai Chi for Diabetes Program.

Anyone with or without Tai Chi experience can attend this workshop. It is well suited for people who want to improve their health and diabetes self-care, Tai Chi instructors, healthcare professionals, exercise instructors and diabetes educators. All participants who attend the workshop will receive either an attendance certificate or, for qualified participants, be certified to teach the Tai Chi for Diabetes Program. In addition to the opportunity for instructor certification, continuing education hours may also be available.

The regular practice of Tai Chi can provide a variety of benefits in the control of diabetes. Along with better blood sugar control *(and all the benefits that come from that)*, it also provides a person with *"tools"* to help offset the physical and psychological factors that can sabotage one's efforts at changing unhealthy habits.

Taking good care of diabetes today means avoiding other health related problems from the disease in the years to come. It's never too late to start. For more information, please visit www.kentuckytaichi.com or email bill@kentuckytaichi.com.

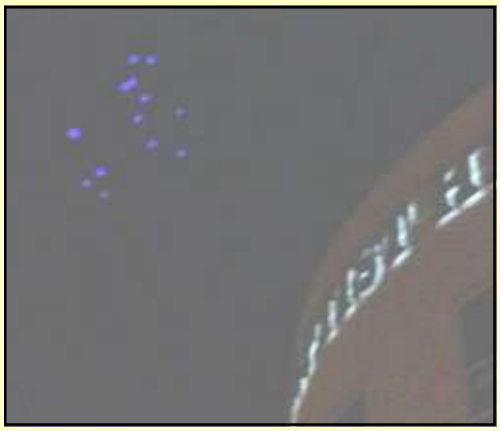
***Participants in a Tai Chi Class shown above.***

# Paducah Activities for World Diabetes Day

***Submitted by: Ashley Shadoan, Four Rivers Walk to Cure Diabetes Committee member, Paducah, KY***

The ***Four Rivers Walk to Cure Diabetes*** Committee met on Wednesday, November 14th to celebrate World Diabetes Day at Western Baptist Hospital in Paducah, KY. We blew up balloons and taped the name of someone who had Type 1 Diabetes to each of them. The balloons were then released into the night sky from Western Baptist's parking lot.

***Paducah area children (some who had Type 1 diabetes), pictured above, participated in a World Diabetes Day event. Pictured above, front row, left to right: Ireland McGuirk, Cambell McGuirk, Sloan McGuirk. Back row, left to right: Alyssa Fluharty, Libby Shadoan, Chloe Estes, Alonna Fluharty, and Parker Shadoan.***



***Blue balloons (blue dots pictured above) with the name of a child who had Type 1 Diabetes, were released in the night sky on November 14, 2012, in Paducah at Western Baptist Hospital in recognition of World Diabetes Day.***

## 2013 Webinars

*An AADE live webinar is a knowledge based activity offering 1.5 hours CE credit.*

| | |
|---|---|
| **1/9/13** | **Diabetes: Year in Review** |
| **1/23/13** | **Motivation & Behavior Change** |
| **2/6/13** | **Insulin Pump Therapy** |
| **2/20/13** | **Diabetes & Chronic Pain** |
| **3/6/13** | **Continuous Quality Improvement (CQI)** |
| **3/20/13** | **Assessment** |

**For a complete listing of Webinars visit: https://www.diabeteseducator.org/ProfessionalResources/products/webinars.html**



**Saturday, March 2, 2013** – **JDRF Passport to Old Hollywood Gala,** The Henry Clay, 6:00 -11:00 pm, Louisville

**Sunday, May 19, 2013** – **2nd Annual Diabetes Education Conference,** Muhammad Ali Center, Louisville, KY from 11:30 am – 5:00 pm – this is a **free**, half-day conference for families, individuals and caregivers affiliated with type 1 diabetes

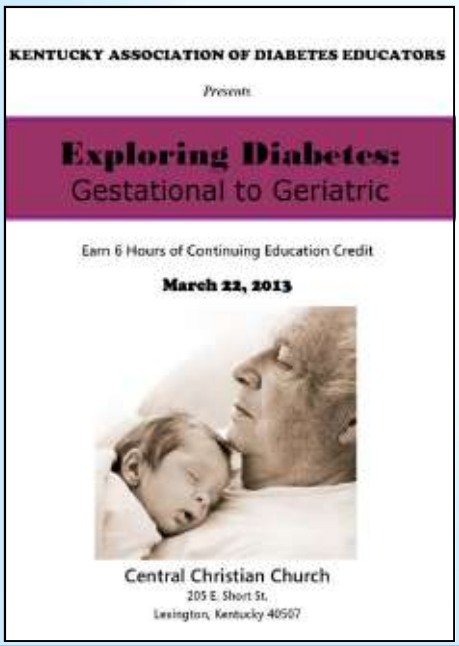
**Monday, May 20, 2013** – **JDRF Golf Scramble** at Valhalla Golf Club, Louisville

**For information, contact: mgault@jdrf.org**
**502-485-9397 or 866-485-9397**

# EDUCATIONAL OFFERINGS

## Exploring Diabetes: Gestational to Geriatric

### KADE Program
### March 22, 2013




**Continuing Education Provided**

**Cost:**

**AADE Members $60**

**Non Members $75**

**Students $15**

**Register online: Myaadenetwork.org/kentucky**

## dttac Training News

## Diabetes Prevention Program Training 2013 Dates

**DTTAC's Lifestyle Coach Trainings**
**Emory University in Atlanta, Georgia**
**February 6-7, 2013**
**May 14-15, 2013**

**These interactive 2-day trainings, led by an experienced DTTAC Master Trainer, will train Lifestyle Coaches with the skills, knowledge and experience to successfully facilitate the Diabetes Prevention Program (DPP).**

**Training is open to organizations that have received pending recognition status from the CDC. Cost of training is $1,500 per participant *(which includes breakfast, lunch and snacks during the training, all instruction and printed materials).***

**For more information email: dttac@emory.edu**

## KADE Diabetes Educator Meetings Scheduled

The Kentucky Association of Diabetes Educators (KADE), *(covers Lexington and Central Kentucky)*, meets the 3rd Tuesday of every month except summer *(time & location vary)*. For a schedule or more information, go to http://kadenet.org/ or contact: Dee Deakins dee.deakins@uky.edu or Diane Ballard dianeballard@windstream.net.

## 2013 KADE Program
## March 22, 2013

**Exploring Diabetes:**
**Gestational to Geriatric**

## Kentucky Diabetes Network (KDN) Meetings Scheduled

The Kentucky Diabetes Network (KDN) is a network of public and private providers striving to improve the treatment and outcomes for Kentuckians with diabetes, to promote early diagnosis, and ultimately to prevent the onset of diabetes.

Anyone interested in improving diabetes outcomes in Kentucky may join. Membership is free. A membership form may be obtained at **www.kentuckydiabetes.net** or by calling 502-564-7996 *(ask for diabetes program)*.

**2013 KDN Meeting Dates *(10 am—3 pm EST)***
**February 28, 2013 — Diabetes Day at the Capitol**
**March 8, 2013 — KY History Center, Frankfort**
**June 14, 2013 — Central Baptist Hospital, Lexington**
**September 13, 2013 — Shelby Campus, Louisville**
**December 6, 2013 — KY History Center, Frankfort**

## DECA Diabetes Educator Meetings Scheduled

Diabetes Educators of the Cincinnati Area (DECA) *(covers Northern Kentucky)* invites anyone interested in diabetes to our programs. Please contact Pam Doyle at **pdoyle5@its.jnj.com** or call 877-937-7867 X 3408. Meetings are held in Cincinnati four times per year at the Good Samaritan Conference Center unless otherwise noted.

**Registration 5:30 PM — Speaker 6 PM**
**1 Contact Hour**
***Fee for attendees who are not members of National AADE***

## GLADE Diabetes Educator Meetings Scheduled

The Greater Louisville Association of Diabetes Educators (GLADE), *(covers Louisville and the surrounding area)*, meets the second Tuesday every other month.
Registration required. For a meeting schedule or to register, contact Vanessa Paddy at 270-706-5071 **Vpaddy@hmh.net** .

| | |
|---|---|
| **Date:** | **January 8, 2013** |
| | **Business Meeting 5:30 / Program 6:30 pm** |
| **Title:** | Active Steps for Diabetes |
| **Speakers:** | Gina Pariser, PT, PhD and Dr. Kathy Hager, DNP, Bellarmine University |
| **Location:** | Baptist Hospital East |
| | 2nd floor cafeteria private dining room 1 and 2 |

Dinner sponsored by Cynthia Lee-Stewart with Lilly
RSVP Anne Ries anne.ries@louisville.edu by 1-7-2013

## TRADE Diabetes Educator Meetings Scheduled

The Tri-State Association of Diabetes Educators (TRADE), *(covers Western KY/Southern IN/Southeastern IL)* **meets quarterly from 10 am – 2:15 pm CST with complimentary lunch and continuing education. To register, call Nancy Wilson at 270-686-7747 extension 3022 or email Nancy at nancy.wilson@grdhd.org .**

| | |
|---|---|
| **Date:** | **Thursday, January 17, 2013** |
| **Title:** | Incorporating the Healthcare Facilities Accreditation Program (HFAP) into an Inpatient Diabetes Program |
| **Speakers:** | Karen Fleck RN, CDE and Brielle Updike RN, BSN, CMSRN |
| **Location:** | Deaconess Gateway Hospital<br>Conference Room A<br>4011 Gateway Boulevard<br>Newburgh, IN 47630 |
| **CEU's:** | **2.0 Hours** |

## *2013 TRADE Workshop*
## *April 26, 2013*

## Endocrinologists Meetings Scheduled

The Ohio River Regional Chapter of the American Association of Clinical Endocrinologists (AACE) and the Kentuckiana Endocrine Club (KEC) meet on a regular basis. For a schedule of meetings, contact Vasti Broadstone, MD, phone 812-949-5700 email **joslin@FMHHS.com.**

# Kentucky Diabetes Connection



**Editor**
**PO Box 309**
**Owensboro, KY 42302-0309**



## Contact Information

American Diabetes Association.
Cure • Care • Commitment
www.diabetes.org
1-888-DIABETES

TRADE
Tri-State Association of Diabetes Educators
A LOCAL NETWORKING GROUP of the AADE American Association of Diabetes Educators

KDN
KENTUCKY DIABETES NETWORK, INC.
www.kentuckydiabetes.net

KENTUCKY ASSOCIATION of DIABETES EDUCATORS
KADE
Bluegrass / Eastern Chapter
A Chapter of AADE
AADE American Association of Diabetes Educators
www.kadenet.org

GREATER LOUISVILLE ASSOCIATION OF DIABETES EDUCATORS
GLADE
AADE American Association of Diabetes Educators
www.louisvillediabetes.org

KENTUCKY DIABETES PREVENTION AND CONTROL PROGRAM
KDPCP
Kentucky UNBRIDLED SPIRIT
http://chfs.ky.gov/dph/info/dpqi/cd/diabetes.htm

JDRF IMPROVING LIVES. CURING TYPE 1 DIABETES.
www.jdrf.org/chapters/
KY/Kentuckiana
1-866-485-9397

DE CINCINNATI A
Diabetes Educators Cincinnati Area
A LOCAL NETWORKING GROUP of the AADE American Association of Diabetes Educators

AACE American Association of Clinical Endocrinologists
Ohio River Regional Chapter
www.aace.com
Kentuckiana Endocrine Club
joslin@fmhhs.com

**NOTE: Editor reserves the right to edit for space, clarity, and accuracy.**